

Check the applicable box:

☒ **Lobbyist Employer Registration Statement**

☐ **Lobbying Coalition Registration Statement**

(Government Code Section 86105)

Type or Print in ink

Legislative Session

2019 2020
(Insert Years)

1/4

CALIFORNIA FORM **603**

FAIR POLITICAL PRACTICES COMM.

For Official Use Only

AMENDMENT 015

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:
CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS

If this is an initial registration, enter the
DATE QUALIFIED:

01/01/2019

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

SACRAMENTO CA 95814

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

9165527596

MAILING ADDRESS: (If different than above)

E-MAIL: (Optional)

FPPC@BMHLAW.COM

I Lobbyists and Lobbying Firms Employed

* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Please see attached pages

II List Below the State Agencies Whose Actions you Will Attempt to Influence

* Will you attempt to influence the State Legislature? ☒ Yes ☐ No

Please see attached pages

III Description of Lobbying Interests

* For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act." HOSPITALS, HEALTH SYSTEMS AND HEALTHCARE.

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed On 09/03/2020
DATE

By LOIS RICHARDSON
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer LOIS RICHARDSON
TYPE OR PRINT

Title VICE PRESIDENT

FPPC Form 603 (7/98)
For Technical Assistance: 916/322-5660

Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA
FORM **603**
FAIR POLITICAL PRACTICES COMM.

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:
CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEA -
LTH SYSTEMS

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Nature and Interests of Filer

Check one box only:

- ☐ INDIVIDUAL (Complete only Parts A and E) ☐ BUSINESS ENTITY (Complete only Parts B and E) ☒ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E) ☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

C. Industry, Trade or Professional Association

1. Description of industry, trade or profession represented:

HOSPITALS, HEALTH SYSTEMS AND AFFILIAT -
ED ENTITIES

2. Specific description of any portion or faction of the industry, trade or profession which the association exclusively or primarily represents:

HOSPITALS, HEALTH SYSTEMS AND AFFILIAT -
ED ENTITIES

3. Number of members in association (check appropriate box)

- ☐ 50 OR LESS (provide names of all members on an attachment.) ☒ MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- ☐ AGRICULTURE ☐ LEGAL
☐ EDUCATION ☐ PUBLIC EMPLOYEES
☐ GOVERNMENT ☐ POLITICAL ORGANIZATIONS
☒ HEALTH ☐ UTILITIES
☐ LABOR UNIONS ☐ OTHER: _____
(Describe)

BUSINESS (Check one of the following sub-categories.)

- ☐ ENTERTAINMENT/RECREATION ☐ OIL AND GAS
☐ FINANCE/INSURANCE ☐ PROFESSIONAL/TRADE
☐ LODGING/RESTAURANTS ☐ REAL ESTATE
☐ MANUFACTURING/INDUSTRIAL ☐ TRANSPORTATION
☐ MERCHANDISE/RETAIL ☐ OTHER _____
(Describe)

Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMM.	603
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I Lobbyists and Lobbying Firms Employed

* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Employee Lobbyist

BJ BARTLESON

Employee Lobbyist

BARBARA GLASER

Employee Lobbyist

ALEXANDER HAWTHORNE

Employee Lobbyist

GAIL BLANCHARD-SAGER

Lobbying Firm

AARON READ & ASSOCIATES,LLC

Lobbying Firm

CAPITOL ADVOCACY,LLC.

Lobbying Firm

CAPITOL STRATEGIES GROUP,INC.

Employee Lobbyist

KATHRYN AUSTIN SCOTT

Employee Lobbyist

MARIA SALAZAR SPERBER

Lobbying Firm

HURST BROOKS ESPINOSA,LLC

Employee Lobbyist

RYAN WITZ

Lobbying Firm

FERNANDEZ CERVANTES GOVERNMENT AFFAIRS

Lobbyist Employer/Lobbying
Coalition Registration Statement

II List Below the State Agencies Whose Actions you Will Attempt to Influence

CALIFORNIA STATE LEGISLATURE

GOVERNORS OFFICE

ALL STATE AGENCIES